

ART. VIII.—*Bilious Inflammatory Catarrh.* By L. B. ANDERSON, M. D.,  
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AMONG the difficulties under which a physician labours, in reporting his experience in the treatment of disease, is that of finding a name which will convey a correct idea of either its type or location. This is by no means the case in uncomplicated acute inflammatory affections, but when the inflammation is only of an incubative character, located in several organs, and the functions of other organs are materially impaired, *then* there is an almost insurmountable difficulty. Under the pressure of such an incubus, we proceed to pen the following observations:—

There are two diseases which have prevailed within the sphere of my practice during this and the last winter, contemporaneously with *scarlatina*, which in many respects were not very unlike it. One, for the want of a better name, I presume, is called *miliary fever*; the other, for the same reason, I have thought proper to denominate *bilious inflammatory catarrh*. Both are ushered in with a chill, pain in the back and head, great lassitude, nausea, vomiting, and high fever—occurring in the order here named. With the rise of fever, a copious eruption appears in the first, as florid as *scarlatina* itself, which disappears with desquamation in 48 or 60 hours, and with its decline the fever subsides. At this time *cynanche tonsillaris* sets in, and runs the usual course of that affection in ordinary catarrh.

While in the second, there is no eruption on the accession of fever, the tonsils become inflamed, the tongue red and furred, and a dry and harsh cough supervenes. Within twelve hours the fever passes off so completely as to make a *perfect remission*, without any material change in the other symptoms. After the lapse of one or two hours, the fever returns with redoubled violence. The pain in the head becomes excruciating; the eyes are intolerant of the mildest ray of light; the tongue, mucous lining of the mouth, and Schneiderian membrane become red and dry; thirst considerable, but water tastes very unpleasantly; there are incessant nausea and vomiting, first of bile, then of serum, in which are many flocculi of greenish mucus.

This condition is followed in twelve hours by another remission less distinct than the first, and of shorter duration. If no decided impression has been made on the disease up to this time by remedial agents, the third rise of fever knows no abatement, and such is the case until the system has been thoroughly evacuated, and nearly every vestige of local disease is entirely removed.

The difficulties under which a physician labours in the treatment of this disease, arise principally from not being called in until after the second exacerbation of fever, when the stomach is so irritable as to reject almost everything which can be given. Free purgation, with mercurial cathartics,

together with acids and demulcents, will generally arrest it, when given during the continuance of the first fever. When this period has passed unimproved, small doses of calomel and ipecac (despite the nausea), spts. of nitre, lemonade, gum-water, &c., internally—flannels wrung out of hot water and spts. turpentine applied over the chest and abdomen, cupping on the temples and neck, chloride of soda (Labaraque's) applied to the throat, and mild injections, constitute the principal remedies in the milder forms, &c.

It is, however, with the object of calling attention to two points in this affection, that I write at present. The one is the perfect remission of fever within twelve hours after the onset—the other, the tendency to inflammation of the brain, when the disease is not arrested before the third day.

So palpably periodical is the fever, as to its exacerbations, that one unacquainted with its history would readily decide to give quinine. Having seen it administered, both in large and small doses, I am prepared to say *that in all quantities it is decidedly injurious*. For while it neither defers nor arrests the paroxysm, it increases the cerebral disturbance invariably, and the only fatal cases I have ever seen were those in which the remissions were most perfect, and quinine had been given. Nor have I seen blisters otherwise than injurious at any time, while general bloodletting is hardly borne, and often is decidedly injurious. And while mild purges are highly beneficial, drastic cathartics invariably produce dysenteric symptoms. The affection of the head in the early stages seems to be the result of the impression of morbid agents in the *prima viæ*, and consequently almost entirely sympathetic. This may be inferred from the fact that, so soon as the bowels are freely evacuated, and the secretions restored, the fever as well as the cephalalgia abate. And it is only in those cases when such indications have not been properly met prior to the third day, that cerebritis supervenes.

In many cases of this character I have seen, the pulse is slow, feeble, and intermittent, the hands and feet are cold, the bowels relaxed, and the stomach easily nauseated, &c. &c. What will cure such an affection I know not, for I believe I have tried everything which seemed to be at all indicated, and uniformly without benefit. Happily, I have seen only two such cases, and hope that neither I nor any one else may see another.

No disease is more manageable than this, when efficiently treated in its early stages. If, however, one becomes impressed by its periodical character, with the idea that everything else in the line of remedial agents must be made to succumb to the use of quinine, the delay thus occasioned will be hazardous, if not fatal. Calomel freely administered from the first until all vitiated matters are removed from the bowels, and the secretions are restored, is more effectual than all things else besides.